PA-63 (R. <u>09/22[12/15])</u> 921 KAR 2:050

COMMONWEALTH OF KENTUCKY Cabinet for Health and Family Services Department for Community Based Services Division of Family Support

Phone: 855-306-8959 Fax: 502-573-2007

DIRECT DEPOSIT AUTHORIZATION

Case	ase Name Case Number	
	ou do not need item H completed if you [can] supply a voided personalized cat verifies your bank routing and checking account numbers.	heck or deposit <u>slip</u> [ticket]
	DIRECT DEPOSITS ARE ISSUED TO CHECKING ACCOUNT	S ONLY[=]
Che	heck One:	
[]	Begin Direct Deposit (Complete items A-G and sign item I)	
[]	Stop Direct Deposit (Complete items A-B and sign item I)	
[]	Change Direct Deposit (Complete items A-G and sign item I)	
A.	Name	
B.	Social Security Number	
C.	Name on Checking Account	
	you do not have a check or deposit slip available, have your bank complete em H below.	items D, E, F, G, and sign
D.	. Name of Bank	
E.	Address of Bank	
F.	Bank Routing Number	
G.	. Checking Account Number	
[lf yc	you do not have a check available, have your bank complete items D, E, F, C	and sign item H below.]
H.		
	Authorized Bank Official	Title
	authorize and request the above indicated action be taken <u>regarding</u> [with-count at the bank, credit union, or savings and loan, stated above.	regard to] my CHECKING
	Recipient Signature	Date
DCE	eturn Completed Form to: <u>CBS</u> .O. Box 2104	

Frankfort, KY 40602 Fax: 502-573-2007